



8-23-21 PCT/PCT
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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/527,485
Filing Date	March 9, 2005
First Named Inventor	Syuji Tsukamoto
Art Unit	2627
Examiner Name	Crystal L. Jones
Attorney Docket No.	890050.524USPC

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension-of-Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement and Transmittal
<input type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<u>Certified English Translation</u>
<u>JP 2002-262711</u>
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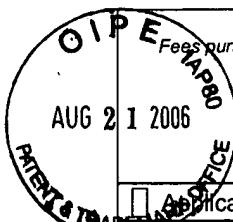
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number 00500
Signature		
Printed Name	David V. Carlson	
Date	August 21, 2006	Reg. No. 31,153

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Date:	



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$720)

Complete if Known	
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First Named Inventor	Syiji Tsukamoto
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METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): _____ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
16 -20 or HP =	0 X	50 =	0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

0 0

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
6 -3 or HP =	3 X	200 =	600

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
—	-100 =	/50 =	(round up to a whole number) x	—

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

08/25/2006 MKOYRAGH 00000443 1052745 Other (e.g., late filing surcharge): Pet. Ext. of Time (1 mo.)

120

02 FC:1614

600.00 0P

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,153	Telephone	206-622-4900
Name (Print/Type)	David V. Carlson		Date	August 21, 2006	

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USA



N.88091B

Attorney's Docket No. HO-P03236US0

**RULE 63 (37 C.F.R. § 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

As below named inventor(s), I/we hereby declare that

This declaration is of the following type:

- original design supplemental
 national stage of PCT

 divisional continuation continuation-in-part

My/our residence, post office address and citizenship are as stated below next to my/our name.

I/we believe I/we am/are the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SCREEN FOR PRE-ECLAMPSIA

the specification of which (check one)

- is attached hereto
 was filed on _____
in the United States Patent and Trademark Office as Application Serial No. _____
and was amended on _____ *(if applicable)*

 was described and claimed in PCT International Application No. PCT/GB04/01701
filed on 19 Apr 2004
and as amended under PCT Article 19 on _____ *(if any)*

I/we hereby state that I/we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I/we acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

I/we hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or under § 365(a) of any PCT International Application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International Application having a filing date before that of the application on which priority is claimed:

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COMBINED DECLARATION AND POWER OF ATTORNEY

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119

Application No.	Country	Filing Date	Priority Claimed	
			Yes	No
0308967.9	GB	17 Apr 2003	X	
PCT/GB04/01701		19 Apr 2004		

I/we hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below:

UNITED STATES PROVISIONAL APPLICATION(S)

Application No.	Filing Date

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PRIOR UNITED STATES/PCT INTERNATIONAL APPLICATION(S)

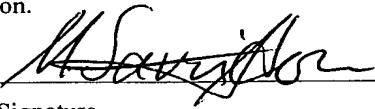
Application No.	Filing Date	Status (patented, pending/abandoned)
PCT/GB04/01701	19 Apr 2004	

I/we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

Fulbright & Jaworski LLP, 1301 McKinney Suite 5100 Houston TX 77010-3095 United States of America

CUSTOMER NUMBER 26271

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardise the validity of the application or any patent issued thereon.



Inventor's Signature

8/5/06.



Date

Full name of first/sole inventor

Makrina SAVVIDOU

Citizenship

United Kingdom

Residence(City)

London the United Kingdom

Post Office Address

Harris Birthright Research Centre for Fetal Medicine
King's College Hospital Denmark Hill London SE5 8RS United
Kingdom

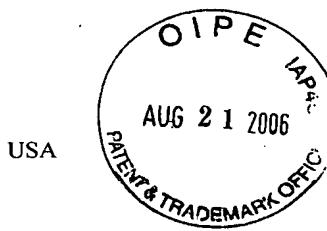
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COMBINED DECLARATION AND POWER OF ATTORNEY

Inventors Signature	Date
Full name of 2nd inventor	Aroon HINGORANI
Citizenship	United Kingdom
Residence(City)	London the United Kingdom
Post Office Address	Centre for Clinical Pharmacology British Heart Foundation Laboratories University College London 4th Floor Rayne Institute 5 University Street London WC1E 6JF United Kingdom

Inventors Signature	Date
Full name of 3rd inventor	Patrick VALLANCE
Citizenship	United Kingdom
Residence(City)	London the United Kingdom
Post Office Address	Centre for Clinical Pharmacology British Heart Foundation Laboratories University College London 4th Floor Rayne Institute 5 University Street London WC1E 6JF United Kingdom

Inventors Signature	Date
Full name of 4th inventor	Kypros NICOLAIDES
Citizenship	United Kingdom
Residence(City)	London the United Kingdom
Post Office Address	Harris Birthright Research Centre for Fetal Medicine King's College Hospital Denmark Hill London SE5 8RS United Kingdom



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N.88091B

Attorney's Docket No. HO-P03236US0

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the specification of which (check one)

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Inventors Signature

Date

Full name of first/sole inventor Makrina SAVVIDOU
 Citizenship United Kingdom
 Residence(City) London the United Kingdom
 Post Office Address Harris Birthright Research Centre for Fetal Medicine
 King's College Hospital Denmark Hill London SE5 8RS United Kingdom

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COMBINED DECLARATION AND POWER OF ATTORNEY

Inventors Signature	Date
Full name of 2nd inventor	Aroon HINGORANI
Citizenship	United Kingdom
Residence(City)	London the United Kingdom
Post Office Address	Centre for Clinical Pharmacology British Heart Foundation Laboratories University College London 4th Floor Rayne Institute 5 University Street London WC1E 6JF United Kingdom

Inventors-Signature	Date
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Citizenship	United Kingdom
Residence(City)	London the United Kingdom
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<input type="checkbox"/> divisional	<input type="checkbox"/> continuation	<input type="checkbox"/> continuation-in-part

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Inventors Signature

Date

Full name of first/sole inventor Makrina SAVVIDOU

Citizenship United Kingdom

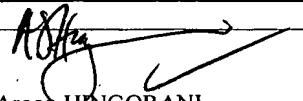
Residence(City) London the United Kingdom

Post Office Address Harris Birthright Research Centre for Fetal Medicine
King's College Hospital Denmark Hill London SE5 8RS United
Kingdom

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COMBINED DECLARATION AND POWER OF ATTORNEY

Inventors Signature



Date 3/11/05

Full name of 2nd inventor

Aroon HINGORANI

Citizenship

United Kingdom

Residence(City)

London the United Kingdom

Post Office Address

Centre for Clinical Pharmacology British Heart Foundation Laboratories
University College London 4th Floor Rayne Institute 5 University
Street London WC1E 6JF United Kingdom



3/11/05

Inventors Signature

Date

Full name of 3rd inventor

Patrick VALLANCE

Citizenship

United Kingdom

Residence(City)

London the United Kingdom

Post Office Address

Centre for Clinical Pharmacology British Heart Foundation Laboratories
University College London 4th Floor Rayne Institute 5 University Street
London WC1E 6JF United Kingdom

Inventors Signature

Date

Full name of 4th inventor

Kypros NICOLAIDES

Citizenship

United Kingdom

Residence(City)

London the United Kingdom

Post Office Address

Harris Birthright Research Centre for Fetal Medicine King's College
Hospital Denmark Hill London SE5 8RS United Kingdom